



United States Department of State

Office of Foreign Missions
Washington, D.C. 20520

NOTICE

New ConocoPhillips Business/Fleet Application

The Office of Foreign Missions (OFM) recently learned that effective immediately, ConocoPhillips now requires the submission of new Business/Fleet Credit Card applications in order to provide gasoline tax-exempt credit cards for foreign missions, international organizations and their eligible personnel. Attached is a copy of the new, blank ConocoPhillips Business/Fleet Credit Card application. These applications can also be found at all the participating ConocoPhillips gasoline stations

The applications must be submitted to OFM. Please do not mail or fax applications directly to the gasoline company. Information concerning the provision of tax-exemption on the purchases of gasoline and diesel fuels is available at OFM's website at www.state.gov/ofm/tax/.

For additional questions or comments concerning this information please contact OFM by telephone at (202)-895-3500 option 2, by email at OFMTaxCustoms@state.gov, or the nearest OFM Regional Office.

Attachment 1: Blank ConocoPhillips Business/Fleet Credit Card Application

October 26, 2007



Promo Code



APPLICATION

THE FLEET CARD IN SUPPORT OF PHILLIPS 66®, CONOCO® AND 76™

The creditor and the issuer of the ConocoPhillips® Fleet Card is U.S. Bank National Association ND ("Bank"), through its service provider, Voyager Fleet Systems Inc. ("Voyager").

INSTRUCTIONS:

1. Complete all parts of Section 1.
2. If requesting lines of credit less than or equal to \$50,000.00, complete Section 2.
3. If requesting lines of credit greater than \$50,000.00, read and sign Section 3.
4. Return all pages of completed application with all additional requested information to Voyager at fax number: 866-645-3676; AND mail to: ConocoPhillips Fleet, P.O. Box 19107, Houston, Texas 77224-9107

Section 1 – Business Information

Legal Name of Business ("Business")				Federal Tax ID Number	
DBA or business name to be embossed on cards. (Please limit to 25 letters and spaces.)				Year Business Started	
Fleet Contact	Title		Phone Number		Fax Number
Business Mailing Address (Physical)		City		State	Zip
\$	\$			\$	
Net Annual Sales	Total Assets	No. of Employees	No. of Cards Needed	Estimated Mthly Spend	
Industry Category:	<input type="checkbox"/> Deliveries	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Services
Type of Organization:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non Profit	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	
Is Your Business Rated by Dun and Bradstreet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	D&B #:		
Applications may be expedited by attaching a copy of your Business License, Certificate of Good Standing, Filing with Secretary of State or Tax Return.					
Business Identification Information: In order to comply with the requirements of the USA PATRIOT Act, Bank and Voyager require Business and/or Participant to provide its legal entity name, street address, taxpayer identification number and other information that will allow Voyager to identify each Business and Participant entity prior to establishing an Account for such entity. Bank and Voyager reserve the right to require that Business and Participant promptly provide to Bank and/or Voyager sufficient identification documents upon request in connection with USA PATRIOT Act compliance.					
↑ Briefly describe the nature of your business:					
Do you have an existing relationship with U.S. Bancorp? <input type="checkbox"/> Yes <input type="checkbox"/> No					
↑ If so, what type of relationship?					
Do you conduct business transactions in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No					
↑ If yes, what countries and the nature of business and/or transactions?					

Section 2 – Authorized Officer Application – For credit limits less than or equal to \$50,000.00.

Authorized Officer must be one (1) of the following or have an ownership interest in the company (check one):

President/Chairman Vice President Treasurer Owner/Proprietor Partner

Printed Name of Authorized Officer/Owner:

	/	/	-	-
Printed Title	Date of Birth		Social Security Number	
Home Address (Physical)	City		State	Zip
I, as the above-named Authorized Officer, (a) request that Bank issue a ConocoPhillips Fleet Card ("Card(s)") and account ("Account(s)") to other selected employees/applicants in the future; (b) in connection with Bank's extensions of credit to any cardholder under this Agreement and any Cardholder Agreement provided when the Card is issued and as long as the Account(s) remain open, authorize Bank to verify my employment and income history and all other information I have provided, and to obtain information about me from other creditors, credit bureaus, third parties, and federal or state records for use in assessing my personal credit worthiness in connection with applications for additional Accounts; (c) agree to be jointly and severally liable, as principal and not as surety or guarantor, to repay any and all transactions charged to any and all Accounts, plus interest and other charges, according to the terms of this Agreement; (d) authorize Bank to share information about its experiences with me with Bank affiliates; and (e) agree that Accounts will be used for business purposes and not personal, family, or household purposes.				
Authorized Officer Signature:				

Section 3 – For credit limits over \$50,000.00.

Along with your application, please attach a copy of the last three (3) years of audited financial statements as well as the most recent interim financial statements if the most recent annual financial statements are more than five (5) months old and a Corporate Certificate of Authority. To expedite your application, please ensure that this application is completely filled out, signed and all requested documents are attached before submitting to Voyager.

Authorization and Execution: By completing this ConocoPhillips Fleet Card Application, Business acknowledges and agrees that: (i) all information provided in this Application is true, complete and accurate and Business has the authority to provide such information and complete such Application; (ii) It requests that Bank establish a Voyager Fleet Card Account in the name of Business and to issue Cards in accordance with the Terms and Conditions of this Application; (iii) Bank will review this Application and may, at its sole discretion and at the terms imposed by it, grant such request, but that Bank is under no obligation to approve such Application; (iv) Business shall be bound by the Terms and Conditions contained herein; and (v) Bank is authorized to investigate, obtain, and exchange reports and information regarding this Application, any resulting accounts and the authorized officer executing this Application, with credit reporting agencies, and others with legitimate business need for such reports or information. If this Application is approved by Bank, at its own discretion, Business acknowledges and agrees that the Terms and Conditions attached to this Application, with the Application information, shall constitute the Terms and Conditions of the Agreement between Business and Bank, which shall become effective on the Effective Date as referenced in the Terms and Conditions.

Business certifies to Bank that the person executing this Application is authorized by Business in accordance with its organization rules and applicable law to bind Business to the Terms and Conditions of this Application, including the authority to incur debt in the name of the Business. Business certifies that the signer's authorization to bind Business and incur debt in the name of Business is evidenced by the following:

- The Business is publicly traded and the signer is an officer as indicated on Business' SEC 10-K Form (no additional information needed unless requested).
- The signer is an officer of Business and is acting in his or her capacity as an agent of Business. Furthermore, the signer represents and warrants that he or she is duly authorized by an applicable Bylaw, Article or other Corporate Authority to enter into transactions of this nature. Business represents and warrants that this transaction is within the scope of the normal course of business and does not require further authorization for Business to be duly bound by this Agreement (no additional information needed unless requested).

If one (1) of the above boxes cannot be checked, or if in the opinion of Bank's Specialized Underwriting Division further proof of authority is necessary, Business must provide a Corporate Certificate of Authority which complies with Business' Articles of Organization or Bylaws. Once the Corporate Certificate of Authority is completed, please check the box below and submit the original Corporate Certificate of Authority with this Application.

- Business has completed the Bank Corporate Certificate of Authority.

By signing below, each individual signing this Application in his or her capacity as an authorized signing officer of Business and not in his or her personal capacity, certifies and warrants that all action required by Business' organizational documents to authorize the signer(s) to act on behalf of Business in all actions taken under this Application and the Terms and Conditions, including but not limited to, (a) the authority to incur Debt on behalf of Business; and (b) each signer is empowered in the name of and on behalf of Business to enter into all transactions contemplated in this Application; and (c) the signatures appearing on all supporting documents of authority are authentic. Business has read, understands and agrees to all Terms and Conditions in this Application and Bank is entitled to act in reliance upon the authorizations and certifications set forth in this Application.

In witness whereof, Business has, by its duly authorized signer(s), executed this Application and agrees to the Terms and Conditions. As signer, I have read this Application and have authority to bind Business and agree with the Terms and Conditions, individually and on behalf of Business.

Dated this _____ day of _____, 200_____

↓ (Only if Required) ↓

(Signature)

(Signature)

(Printed Name and Title)

(Printed Name and Title)

FOR CONOCOPHILLIPS USE ONLY

Date of OFAC: _____	Searched by: _____	
TOA: _____	LOC: _____	RC: _____